



COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Professional Medical Information Page (PMIP) Frequently Asked Questions (FAQ)

Fact Sheet February 2021

Is a PMIP required for Long Term Home Health (LTHH) Initial and Continued Stay Review (CSR) assessments?

No, a PMIP is not required for Initial or CSR LTHH assessments. The Case Manager (CM) may use the LTHH 485 care plan in lieu of the PMIP.

Do I need to obtain a PMIP at the CSR if the member received an initial assessment for a Home and Community-Based Service (HCBS) waiver program but has not been determined financially eligible?

No. A new PMIP is not needed as this member is receiving a CSR.

Is a PMIP required for all initial assessments, even if the member is changing from one HCBS waiver to another HCBS waiver?

A PMIP is required for all initial assessments completed, this includes a change in the members waiver program. Obtaining a completed PMIP is needed to ensure the member meets the established waiver program criteria.

What was the reasoning behind removing the need for the PMIP for CSRs?

The Department removed this requirement from the CSR assessment as the member record already has the required information from the initial assessment which includes a completed PMIP. Removing the PMIP from the CSR facilitates the member having streamlined service

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eligibility without the risk of loss of program and service approval due to not having a completed PMIP at the CSR.

If an individual was initially assessed during the Public Health Emergency (PHE) where a PMIP was not required, should the CM obtain a PMIP for these cases at the time of CSR?

Yes. If the member received an initial eligibility assessment during the PHE and did not have a completed PMIP, a PMIP should be obtained at the next CSR. Requesting the PMIP ensures members have been connected to their appropriate waiver program.

Do I need a PMIP for a Reverse Deinstitutionalization (RDI) or Deinstitutionalization (DI)?

A new PMIP is required for any initial assessment completed, including an RDI or DI.

What forms are required at the initial and CSR assessment?

A completed PMIP is required for all initial HCBS waiver program assessments. Case managers are also to obtain a signed statement of agreement for the members service plan. Additional forms may be required based on the member selected waiver and/or service delivery option. Please see specific program requirements.

Do I need to obtain a new PMIP if the member has a significant change? How will I know what a constitutes a significant change?

Yes. Significant changes are those that may indicate a change in level of care eligibility, targeting criteria eligibility or service eligibility and demonstrate a need for an unscheduled review, possibly for another waiver program, e.g., a new diagnosis is being reported which would make the member eligible for a waiver for which they previously were not eligible.

What should the Start Date be for an Initial Assessment?

For members seeking a HCBS waiver programs, the case manager will follow the waiver start date requirements as outlined at 10 CCR 2505-10, sections 8.485.71, 8.509.16, 8.515.6, 8.517.7, and 8.504.8.C. A member may not receive services until the signed statement of agreement is received.

For members seeking Skilled Nursing Facility (SNF) admission, the case manager will follow the Admission Procedures for Class 1 Nursing Facilities requirements as outlined at



8.402.10 **Is a new PMIP required for a Skilled Nursing Facility (SNF) Transfer assessment?**

No. A new PMIP is not required for a SNF transfer assessment.

Why is a PMIP is needed now at an initial assessment when the PHE has not ended?

The Department waived the requirement for a completed PMIP to minimize the administrative impact to the medical community during the height of the PHE, which could have negatively impacted a members' access to services. To ensure members are able to access their appropriate waiver program, the Department is reinstating the requirement for an initial PMIP when establishing program eligibility because the direct impacts of COVID-19 on the medical community have subsided and the Department no longer anticipates the requirement to negatively impact access to services.

For more information contact

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